

ARIZONA SUPREME COURT ADMINISTRATIVE OFFICE OF THE COURTS



GILA COUNTY ADULT PROBATION

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Operational
Review

Final Report

April 2018

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Table of Contents

EXECUTIVE SUMMARY	3
Overview	3
Objective	3
Overall Conclusion.....	3
ACCOMPLISHMENTS	4
ADMINISTRATION AND MANAGEMENT	4
Employment	7
Officer Certification/COJET/Training	7
Continuing Employment	8
Minimum Accounting Standards (MAS)	11
Financial and Statistical Reports.....	11
Pre-sentence Report (PSR).....	12
Fleet Management.....	13
COMMUNITY PROTECTION.....	14
Standard Probation Supervision (SPS) Contacts.....	14
Intensive Probation Supervision (IPS) Contacts	16
Sex Offender Contacts	18
Absconders/Warrants	19
Sex Offenders.....	20
Global Positioning System (GPS).....	22
Signed Review/Acknowledgement of Terms and Conditions	22
DNA Collection	22
SPS DNA Collection	23
IPS DNA Collection.....	23
VICTIMS' RIGHTS	24
SPS Victim Contacts	24
IPS Victim Contacts	25
OFFENDER ACCOUNTABILITY	25
SPS Financials.....	25
IPS Financials	26
IPS Collection of Probationer Wages.....	28
Performance Measures Comparison.....	28

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

SPS Community Restitution (CR) Hours.....	29
IPS Community Restitution (CR) Hours.....	30
CASE MANAGEMENT	31
SPS	31
SPS Residence and Employment Verification	31
SPS OST/FROST Timeline Compliance	32
SPS Assessment Score Matching Supervision Level.....	33
SPS Case Plan Timeline	34
SPS Highest Criminogenic Need Areas Addressed on Case Plan.....	35
SPS Case Plan Signatures.....	35
IPS	36
Photo in File	36
Verification of Employment.....	36
Verification of Job Search/Community Restitution Six Days Per Week	37
Verification of Residence.....	37
¹ for informational purposes only	37
Verification of Weekly Schedules.....	37
IPS OST/FROST and Case Plan	38
IPS Highest Criminogenic Need Areas Addressed on Case Plan	39
Incoming Interstate.....	40
Outgoing Interstate.....	41
Closed.....	43
TREATMENT SERVICES	44
SPS Treatment Referrals & IPS Treatment Referrals: This area was not reviewed during this Operational Review.....	44
Transferred Youth	44
SPS Drug Testing.....	44
IPS Drug Testing.....	45
Drug Treatment and Education Fund (DTEF)	46
ACKNOWLEDGEMENTS	47

EXECUTIVE SUMMARY

Overview

Arizona's adult probation system is decentralized, with each of the 15 local probation departments reporting directly to the presiding judge of the superior court or court administrator in their respective county. In accordance with the administrative and supervisory authority established under Article VI, Section 3 of the Arizona Constitution and in cooperation with the local probation departments, the AOC has developed and implemented a comprehensive operational review process.

Objective

The APSD's operational review team conducts reviews in accordance with the Arizona Judicial Department's *Advancing Justice Together: Courts and Communities* strategic agenda. Operational reviews assess and document adult probation department's operational and program performance to assist in building effective community supervision practices. The objective of the review team is to ensure accountability and compliance with Arizona Revised Statutes (A.R.S.), the Arizona Code of Judicial Administration (ACJA), Administrative Orders (AO), Administrative Directives (AD), Arizona Rules of Court, approved program plans, funding agreements, and local policies and procedures. The review is designed to identify areas of non-compliance and make recommendations for corrective action, while promoting an atmosphere of collaboration and facilitation of technical assistance. To this end, the review team inspects the department's policy manual and response to the SAQ, reviews case files, program files and all correspondence and reports submitted to the APSD. The review team also conducts interviews with appropriate staff working with Minimum Accounting Standards (MAS) and Firearms/Ammunition and Defensive Tactics.

The on-site portion of the Gila County Adult Probation Department operational review was conducted August 21, 2017 through August 22, 2017. Pre-review work began in June 2017. The review team consisted of, Carol Banegas-Stankus, DeAnna Faltz, Carissa Moore and Jane Price. After the final report is published, the review team and AOC staff will work collaboratively with the department to develop a corrective action plan to assist the department in resolving all issues identified in this report.

Overall Conclusion

Number of Standards Exceeded:	0
Number of Standards Met:	14
Number of Standards Not Met:	24
Number of Standards Not Applicable:	1

ACCOMPLISHMENTS

The Gila County Probation Department reported the following as their 2016 accomplishments:

- The Probation Department in Globe moved into a new building.
- Continued focus on Motivational Interviewing and EPICS II.
- Invested in MRT through Community Bridges.
- Reviewed and changed philosophy on drug testing.
- Managed to get pre-sentence writer in Globe funded by the County.
- All adult officers were equipped with smartphones.

ADMINISTRATION AND MANAGEMENT

Each probation department fulfills a variety of general administrative and management functions which directly affect the department's performance and effectiveness in its supervision of probationers. Many of these functions are accomplished in accordance with statutes, the ACJA, AOs, ADs, funding agreements, and local policies and procedures. The review team assessed the department's compliance with administrative and management functions in the following areas: departmental policies and procedures, officer certification, education and training requirements for department staff, general reporting obligations, MAS, supervisory case file review, and pre-sentence investigation (PSI) reporting.

Policies and Procedures

Pursuant to [ACJA § 6-105\(D\)\(2\)\(b\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above))
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%)) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The AOC, APSD staff reviewed policies from the department's policy and procedure manual, including policies revised since 2014. Thirteen policies need revisions as described below.

Policy and Title	Recommended Revisions
Substance Abuse Testing	Recommend to include in the Form section, Admission of Drug Use Form, which was briefly mentioned in section I: Confirmation Policy. In section F, 2: Suggest that policy include other designated collection areas "as determined by probation department". Update section E, 4, chain of custody list and collection requirements to ACJA § 6-110. E (to include date specimen sent to

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Policy and Title	Recommended Revisions
	<p>lab, have offender review collection information, stored in secure container).</p> <p>Recommend in Section B, 2: that the policy requires PO to document discretion to increase/decrease/suspend drug testing per UA policy. If PO determines policy override, it should also be noted in case notes/case files.</p>
Absconders	<p>The numbering of the policy is out of order. The policy states to send a certified letter, which is no longer in code. Policy does not state that the opted in victim(s) should be notified as required by statute.</p>
GPS and Electronic Monitoring	<p>Recommend adding to the policy area, that Gila County is also abiding by the AOC GPS Policies and Procedures.</p>
Illegal Immigrant Reporting Protocol	<p>Add in the authority and/or policy sections, Admin Directive 2009-13 and AOC Protocols for Identity and Legal Status Determinations for Adult Probationers.</p>
Petition to Revoke Probation	<p>Add ARS § 12-253(3) in authority section.</p>
Drug Testing Education Fund	<p>Section V C, 1: Revise title to “Initiate/Edit Sentencing Court Data Screen”</p> <p>Section V C, 5, m: Revise “If not completed: Why?” to “If not terminated: Why?”</p>
Use of Force	<p>Section V A, 4: Recommend revising to “code language” “An officer shall assess the subject’s ability and opportunity to do physical harm and determine whether the subject poses an <i>imminent</i> threat of harm to the officer or a third party and shall use <i>reasonable force</i> necessary to prevent the harm or stop the threat.”</p> <p>Section V B: Recommend revising to “code language” “Use of Force Options. An officer’s use of force shall be reasonable to control a subject and accomplish lawful objectives. Use of force options include:”</p> <p>Section V B, 4: Recommend revising to “code language” “Impact weapon when the officer reasonably believes subject’s actions are likely to cause physical harm to the officer or a third party.” AND</p> <p>6. Deadly weapons include department issued firearms for officers authorized in accordance with the ACJA § 6-113. The use of a deadly weapon requires that the officer reasonably believes the subject’s actions were likely to have caused serious physical injury or death to the officer or a third party.”</p> <p>Section V C, 2: Revise to “Submit a written incident report to their supervisor, no later than the close of the third business day.”</p>
Firearms Standards	<p>Section 2 A, 5: Delete all reference to “continuum of control” the recent term is “force options.”</p> <p>Section XII: Does not reference unintentional discharge into the categories of with or without injury and does reference the shooting inquiry board or firearms related incidents. Revise policy to align this section with the Firearms Standards Code Section M.</p>

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Policy and Title	Recommended Revisions
Training Requirements	Section F 1, b: The section of this policy contradicts Gila County's Firearms Standards policy. Recommend aligning both of the department's policies.
Collections	The policy refers to termination of probation and revocation of probation. It is recommended that the policy refer the reader to the department's termination of probation and revocation of probation policies so that reader will follow required protocol for filing a criminal restitution order.
Intercounty Courtesy Transfers	Recommend adding Arizona Rules of Criminal Procedure 27.2 (b) regarding the option of transferring jurisdiction.
Interstate Compact Probation Supervision	Recommend adding the following to the authority section: www.interstatecompact.org Section IV B, 1, g: Remove 180 days and replace with 12 months. Section IV C, 1, a-h and 2: This section is paraphrased from ICAOS 3-101 and 3-101.01, it is recommended listing the ICAOS rules as a reference or copy/paste the rules verbatim to be accurate and current. Section IV D, 2: Is not valid, it combines incoming and outgoing cases, revise and separate the two. Section IV F, 1: Add "ICAOS Rules" to the end of the sentence.
Vehicle	Section Authority: Add ACJA 6-111. Section Purpose: Add and ensure adherence to ACJA § 6-111. Section Policy: Remove the sentence "These requirements are subject to periodic verification by the department." Replace with ACJA 6-111 (E)(3), conduct annual Motor Vehicle Department (MVD) reviews of all department employees that have need to operate a state, county or personal vehicle in the execution of their duties. Section IV A, c: Replace the word designation with destination. Section IV A, d: Remove language and replace with ACJA § 6-111 (F)(2)(g). Section IV B, 4: Remove language and replace with ACJA § 6-111 (G)(2). Add ACJA § 6-111 (I)(1)(a-c) to section IV B. Section IV D, 2: Remove language and replace with ACJA § 6-111 (F)(2)(d). Delete section IV E.

Department Response: Prior to the final report, the Department provided the following response, "All departmental policies have been revised as recommended and available for review. All changes to be reviewed via monthly unit meetings through management and documented by meeting minutes by end of FY18 (June 30, 2018)."

AOC Response: The AOC operational review staff and subject-matter experts (SME) reviewed all the Department's policies including the above revised policies, incorporating all recommendations, prior to the final report and have been approved as meeting the minimum standard code requirement.

Required Corrective Action: None required

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Recommendation: Although not required, it is recommended that policies include a requirement to enter data into the applicable APETS screens to use as a data collecting resource and quality assurance tool.

Implement new and/or revised local policies and procedures consistent with ACJA Code revisions and effective dates. Submit any new/revised local policies and procedures to the AOC APSD Operational Review Team for review and approval.

Employment

Pursuant to [ACJA § 6-106\(H\)\(3\)\(b-c\)](#) , [ACJA § 6-106\(F\)\(3\)\(a\)](#) , and [ACJA § 6-106\(H\)\(1 through 8\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard. Requires corrective action (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Seven personnel files were selected for review. Three of the seven probation/surveillance officers hired on or after December 2013 were selected for review. Four of the files reviewed were officers hired prior to December 2013 and were reviewed only for annual requirements and the results are below:

Requirement	Files in Compliance	N/A	%Compliance
Application for Employment Completed	3	4	100%
Verification of Bachelor's Degree-for PO	3	4	100%
Verification High School Diploma/GED-for SO	1	6	100%
National and State Criminal History Check before hire	3	4	100%
Before hire, driving records check through AZ MVD and any other previous state of residence conducted	3	4	100%

Required Corrective Action: None required

Officer Certification/COJET/Training

Pursuant to [ACJA § 6-106 \(J\)\(1\)\(b\)](#) , [ACJA § 6-104 \(F\)\(1\)](#) adopted via [AO 2006-99](#) , [ACJA § 6-104 \(G\)\(1\)\(a\)](#), [ACJA § 1-302 \(K\)\(4\)](#), and [ACJA § 6-107 \(E\)](#).

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The results for the seven files reviewed are listed below.

Requirement	# of Files	% Compliant	No	NA
Eight (8) hours of officer safety training within 30 days of hire	1	50%	2	4
Completion of PO Certification Academy within one year of the date of hire/date in position	2	100%	0	5
Certification requested by CPO after one year of service has been completed from hire date/date in position	2	100%	0	5
Completion of IPS Academy within one year of hire date	0	NA	0	7

Department Response: Prior to the final report, the Department provided the following response, “A new hire checklist (provided) has been implemented and in use. It is noted that the sample for this requirement seems too small to reach 90% minimum without 100% compliance.”

Required Corrective Action: None required

Recommendation: Checklists help ensure that personnel meet all required standards and bi-annual reviews of personnel files will ensure continued compliance.

Continuing Employment

Pursuant to [ACJA § 6-106 \(J\)\(1\)\(f\)](#), [ACJA §1-302](#), and [ACJA § 6-107\(h\)\(7\)\(a\) & \(b\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Below are the findings of the review of seven personnel files:

Biannual Criminal History & MVD Check				
Requirement	# of Files	% Compliant	No	NA
Criminal History Check Every 2 Years	7	100%	0	0
If the employee operates a state/county/personal vehicle, were annual MVD reviews conducted	0	0%	7	0

Continuing Education				
Requirement	# of Files	% Compliant	No	NA
2016 Annual Continuing Education Requirement	6	100%	0	1

Department Response: Prior to the final report, the Department provided the following response, “The motor vehicle checks were being conducted every two years. Annual MVD checks are now being conducted and will be placed on annual tickler.”

Required Corrective Action: None required

Recommendation: Checklists help ensure that personnel meet all required standards and biannual reviews of personnel files will ensure continued compliance.

Firearms Standards

Pursuant to [ACJA § 6-113](#)

Findings:
<input type="checkbox"/> Exceeds Standard. Substantially exceeds requirement of standard: (101% and above) <input type="checkbox"/> Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%) <input checked="" type="checkbox"/> Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below <input type="checkbox"/> Standard Not Applicable

Of the seven officer files reviewed, five of them are armed officers. Below are the findings of the review of personnel files:

Firearms Standards	Yes	No	TOTAL	NA	% Compliance
ACJA § 6-113(E)(1); Officer written request to carry to CPO	5	0	5	2	100%
ACJA § 6-113(E)(4); CPO acts on officer initial request to carry within 30 days	5	0	5	2	100%

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Firearms Standards	Yes	No	TOTAL	NA	% Compliance
ACJA § 6-113(E)(g)(1-7); Officer signs form attesting to 7 Items	3	2	5	2	60%
ACJA § 6-113(E)(2)(a); Officer completed psychological testing	5	0	5	2	100%
ACJA § 6-113(E)(2)(b); Criminal history records check completed	5	0	5	2	100%
ACJA § 6-113(E)(2)(c); Officer completed defensive tactics training	5	0	5	2	100%
ACJA § 6-113(E)(2)(d); Officer signed form indicating medically/physically able to perform armed officer duties	5	0	5	2	100%
ACJA § 6-113(E)(2)(e); Officer completed Firearms Training Academy	5	0	5	2	100%
ACJA § 6-113(E)(2)(f); Officer completed competency test & training course on ACJA 6-112 & 113 & legal issues relating to firearms	5	0	5	2	100%
ACJA § 6-113(G)(3); CPO approves/disapproves request to carry within 30 days after officer completes all requirements	5	0	5	2	100%
ACJA § 6-113(H)(1); Officer signed form indicating officer understands terms & conditions in code and any department policy regarding use of firearms	5	0	5	2	100%
ACJA § 6-113(G)(4)(5); For denial, temporary suspension or revocation to carry, CPO must provide written reasons, place in personnel file & copy officer & officer's supervisor	0	0	0	7	NA
ACJA § 6-113(H)(3); Completed annual re-qualification & participated in all required practices sessions	5	0	5	2	100%

Department Response: Prior to the final report, the Department provided the following response, “The two forms in question were signed when the form had six items. Both officers have signed the most updated form (provided) with the seven items. Compliance audits of all armed officers will occur annually during annual gun inspections (ACJA 6-113(H)(3)).”

Required Corrective Action: None required

Recommendation: An example of administrative oversight can be biannual reviews of personnel files.

Pursuant to [ACJA § 1-302\(K\)\(6\)](#)

The Chief Probation Officer attended the American Probation and Parole Association (APPA) Conference in Reno, Nevada on January 8, 2017. He also attended the APPA in New York on August 27, 2017.

Required Corrective Action: None required

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Minimum Accounting Standards (MAS)

Pursuant to [ACJA § 1-401\(E\)\(1\)](#), [ACJA § 1-401\(E\)\(4\)](#), [ACJA § 1-401\(F\)\(2\)](#), [ACJA § 1-401\(F\)\(10\)](#), and [ACJA § 1-401\(F\)\(12\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The operational review team obtained a copy of the department's most recent (Reporting Year: 2015) MAS Compliance Checklist which was completed by the department on time but was received by the AOC 20 days late. The department submitted their triennial audit that was completed in 2014 to the AOC Court Services Division and the next triennial audit is to be completed by December 31, 2017.

The signage was present in each of the probation offices where monies are accepted (Globe and Payson). Handwritten receipts are provided when a payment is received.

All money orders and checks are kept in a locked bag, in an immovable locked vault, only accessible to authorized personnel until deposited. Money orders and checks are deposited daily if they total over \$300.00 by authorized personnel otherwise it is deposited weekly. SPS money orders are taken to the Clerk of the Superior Court on a daily and/or weekly basis. The department does not accept cash payments and issues manual and electronic receipts.

Required Corrective Action: None required

Financial and Statistical Reports

Pursuant to [ACJA § 6-201.01 \(F\)\(12-13\)](#), [ACJA § 6-201.01 \(F\)\(16-17\)](#), [ACJA § 6-202.01 \(F\)\(10-11\)](#), and [ACJA §6-202.01 \(F\)\(14-15\)](#)

Findings:

- ☐ Exceeds Standard, substantially exceeds requirement of standard.
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period:
- ☐ Does Not Meet Standard, requires corrective action: improvement is needed in the areas noted below
- ☐ Standard Not Applicable.

According to the AOC APSD budget specialist, mid-year and closing reports were received from the department on time and are accurate. Monthly budget reports are also received in proper format within specified time frames.

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Code Standard for Financial	Compliance	
Closing financial and program activity report through December 31, 2016 submitted to AOC by January 31, 2017	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Closing financial and program activity report through June 30, 2016 submitted to AOC by August 31, 2016	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

According to AOC Data Specialist, annual hand count reports and performance measures were submitted on time.

Code Standard for Statistical Reports	Compliance	
Probation Departments operating an IPS program shall maintain and provide to the AOC data and statistics as may be required	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Probation Departments providing standard probation services shall maintain and provide to the AOC data and statistics as may be required	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
On request, Chief Probation Officer shall conduct hand counts of the department's IPS population and shall submit results of the hand counts	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
On request, Chief Probation Officer shall conduct hand counts of the department's standard probation population and shall submit results of the hand counts	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Required Corrective Action: None required

Pre-sentence Report (PSR)

Pursuant to [Arizona Rules of Court 26.4\(B\)](#)

Findings:
<input type="checkbox"/> Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
<input type="checkbox"/> Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
<input checked="" type="checkbox"/> Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
<input type="checkbox"/> Standard Not Applicable

For the fiscal year 2017 (July 1, 2016 to June 2017), the department reported that approximately 657 PSRs were prepared which contrasts the APETS total of 388. The department indicated in the Self-Assessment

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Questionnaire (SAQ) that 100 percent of the 657 reports were submitted to the judge within two business days of sentencing.

Department Response: Prior to the final report, the Department provided the following response, “The Department keeps daily filing logs to track presentence and probation violation reports filed with the Court. The 657 reports include both presentence and probation violation reports filed for both new cases and probation violation cases where an updated report was ordered.

The Department will continue to track each report filed with the Court to ensure each report is filed at least five business days prior to the scheduled sentencing or re-sentencing.”

Required Corrective Action: None required

Recommendation: The department can utilize APETS reports to help ensure that presentence reports are properly entered in APETS in a timely manner and use quality assurance tools to cross check “due in court screens and court received fields” in APETS.

Fleet Management

Pursuant to [ACJA § 6-111](#), [A.R.S. § 38-538.02](#), and the Arizona Department of Administration Fleet Management Rule R2-15-202.

Findings:

- ☐ Exceeds Standard, substantially exceeds requirement of standard.
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period:
- ☒ Does Not Meet Standard, requires corrective action: improvement is needed in the areas noted below
- ☐ Standard Not Applicable.

According to the AOC APSD Fleet Specialist, the department consistently submits their reports on time.

Code Standard for State Fleet	Compliance	
Department maintains a vehicle database or log that shall include, but not limited to; name of operators and location of vehicle	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Department submits monthly vehicle mileage reports	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Department conducts annual Motor Vehicle Department (MVD) reviews of all department employees operating a state vehicle	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
The Chief Probation Officer shall delegate management of the department’s state vehicles to an employee of the department	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Code Standard for State Fleet	Compliance	
State vehicle damage or loss is reported to the AOC and ADOA Fleet Management within the next business day	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Department Response: Prior to the final report, the Department provided the following response, “This finding was answered in the Continuing Employment section.”

Required Action: None required

Recommendation: A checklist for biannual personnel file reviews will ensure compliance with standard code requirements.

COMMUNITY PROTECTION

The probation department has a responsibility to enhance public safety through careful supervision and monitoring of individuals receiving a suspended sentence. The review team assessed the department’s compliance with these criteria in the following areas:

- Minimum contact standards for standard supervision cases.
- Minimum contact standards for intensive supervision cases.
- Minimum contact standards for sex offender cases.
- Management of absconder cases.
- Victim notification requirements.

AOC policy requires officers to enter probationer contacts/case notes into the APETS within 72 hours. *During the review period of January 1, 2016 to December 31, 2016 there were 21,763 contacts entered, 97 percent of those contacts were entered on time.*

Standard Probation Supervision (SPS) Contacts

Pursuant to [ACJA § 6-201.01\(K\)\(8\)\(a\)](#), [ACJA § 6-201.01\(K\)\(6\)](#), and [ACJA § 6-201.01\(K\)\(4\)\(a, b\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Forty-five standard probation cases were reviewed. The number of cases in each supervision level during the three-month review period (January 2017 through March 2017) are shown below:

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Supervision Level	January 2017	February 2017	March 2017
Minimum	17	17	18
Medium	22	24	26
Maximum	1	1	1
TOTAL¹	40	42	45

¹Review of contact for some case files was not applicable because of probationer was on IPS/Jail/DOC for that review period.

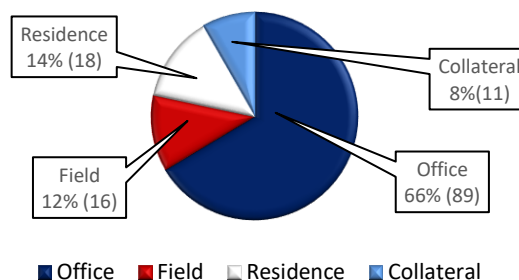
No credit was given for a collateral contact if the Contacts/Case Notes screen in APETS did not contain meaningful dialogue with the person.

Required SPS Minimum Level Supervision Contacts			
Requirement Met	January 2017	February 2017	March 2017
Yes	17	17	18
No	0	0	0
Total	17	17	18
% in Compliance	100%	100%	100%

Required SPS Medium Level Supervision Contacts			
Requirement Met	January 2017	February 2017	March 2017
Yes	20	22	24
No	2	2	2
Total	22	23	26
% in Compliance	91%	92%	93%

Required SPS Maximum Level Supervision Contacts			
Requirement Met	January 2017	February 2017	March 2017
Yes	1	1	1
No	0	0	0
Total	1	1	1
% in Compliance	100%	100%	100%

**Location of SPS Probationer Contacts
Total Contacts: 134**



**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Department Response: Prior to the final report, the Department provided the following response, “This topic was addressed with the management team during a Gila County Probation Leadership retreat on March 29, 2018 and brought to the individual unit meetings to encourage staff to get out of the office and into the field. Management shares in this responsibility as we evaluate the administrative requirements of officers and repurpose those duties to probation aides and other support staff.”

Required Corrective Action: None required

Recommendation: Although minimum residential contacts are not prescribed in the ACJA, the department should consider setting minimum expectations for residential and community probation contacts.

Intensive Probation Supervision (IPS) Contacts

Pursuant to [ACJA § 6-202.01 \(O\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The department has two, one-person IPS teams. For offender and employer contact compliance review, 13 intensive probation cases were reviewed for contact/case note compliance.

A review of the Contacts/Case Notes screen in APETS revealed the overall average for achieving IPS statutory weekly contact requirements was 88 percent during a 12-week period from January 1, 2017 through March 25, 2017.

In accordance with ACJA 6-202.01 (O), the following represents IPS Probationer Contacts for two one-person IPS teams during the review period:

IPS CONTACTS SUMMARY – One-person IPS Team												
Requirement	WEEK											
Met	1	2	3	4	5	6	7	8	9	10	11	12
Yes	3	3	3	4	2	2	4	4	4	8	8	7
No	0	0	1	0	1	2	0	0	1	0	0	2
N/A¹	10	10	9	9	10	9	9	9	8	5	5	4
Total	13	13	13	13	13	13	13	13	13	13	13	13
% in Compliance	100%	100%	75%	100%	67%	50%	100%	100%	80%	100%	100%	78%
Average % Compliance	88%											

¹NA refers to intensive probationers in jail, DOC, residential treatment, or recently transitioned to standard supervision.

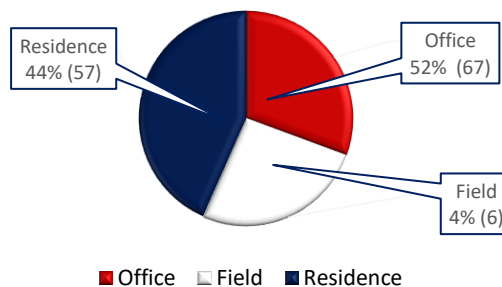
**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

In accordance with ACJA 6-202.01 the following represents IPS Probationer with Employers Contacts for the one-person IPS teams during the review period:

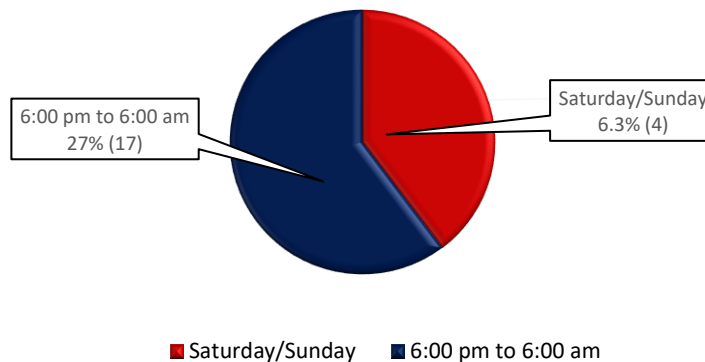
IPS Contact with Employers – One-person IPS Team												
Requirement	WEEK											
Met	1	2	3	4	5	6	7	8	9	10	11	12
Yes	2	2	2	2	2	2	1	1	1	1	2	3
No	0	0	0	0	0	0	0	0	0	0	0	0
N/A¹	1	1	1	1	1	1	2	2	2	2	1	0
Total	3	3	3	3	3	3	3	3	3	3	3	3
% in Compliance	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Average % Compliance	100%											

¹NA refers to intensive probationers in jail, DOC, residential treatment, or recently transitioned to standard supervision.

**Location of Probationer IPS Contacts
Total Contacts: 130**



**Varied Face to Face IPS Contacts
Total Contacts: 21**



**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Department Response: Prior to the final report, the Department provided the following response, “The IPS teams have been evaluated and adjustments made to control the caseload numbers making compliance with standards possible without overtime.”

Required Corrective Action: None required

Recommendation: Although minimum residential contacts are not prescribed in the ACJA, the department should consider setting minimum expectations for residential and community probation contacts.

Sex Offender Contacts

Pursuant to [ACJA § 6-201.01\(K\)\(8\)\(a\)](#), [ACJA § 6-201.01\(K\)\(6\)](#), and [ACJA § 6-201.01\(K\)\(4\)\(a, b\)](#)

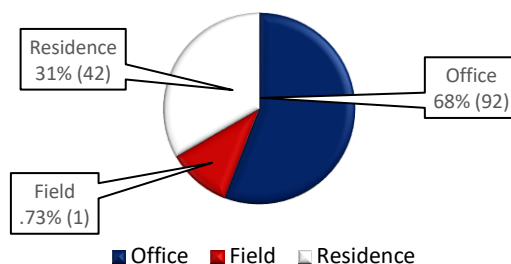
Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Twenty-two sex offender (all SPS) cases were reviewed during the three-month review period (January 2017 through March 2017).

Required Supervision Contacts for Sex Offender Cases			
Requirement Met	January 2017	February 2017	March 2017
Yes	21	21	21
No	0	0	1
Total	21	21	22
NA	1	1	0
% in Compliance	100%	100%	95%

Location of Sex Offender Contact Total Contacts: 135



**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Required Corrective Action: None required

Recommendation: Although minimum residential contacts are not prescribed in the ACJA, the department should consider setting minimum expectations for residential and community probation contacts.

Absconders/Warrants

Pursuant to [ACJA § 6-103 \(E\)\(1\)](#), [ACJA § 6-105.01 \(E\)\(2\)\(g\)\(1\)](#), [ACJA § 6-105.01 \(E\)\(2\)\(g\)\(3\)](#), [ACJA § 6-105.01 \(E\)\(2\)\(g\)\(4\)](#), [ACJA § 6-105.01 \(E\)\(2\)\(g\)\(5\)](#), [ACJA § 6-105.01 \(E\)\(2\)\(g\)\(6\)](#), [A.R.S. § 13-805\(C\)\(1\)\(2\)](#), [A.R.S. § 13-105\(1\)](#), and [ACJA § 6-201.01\(J\)\(10\)\(a through g\)](#).

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Documentation in APETS/files was reviewed for 37 absconder cases (30 SPS and seven IPS). When the data sample was generated, the cases were identified as absconders/warrants. Subsequently, some of the probationers may have been apprehended, nevertheless at the time of the on-site review the case was reviewed as an absconder/warrant case. The review findings are listed in the tables below:

Activity to Locate <u>Before</u> Warrant Issued	Yes	No	% in Compliance	N/A	Total Cases
SPS Warrant Requested within 90 Days	29	1	97%	7	37
IPS Warrant Requested within 72 Hours	5	2	71%	30	37
Residence Check	21	11	66%	5	37
Collaterals Check	24	9	73%	4	37
Employment Check	4	4	50%	29	37
Certified Letter Sent	12	15	44%	10	37

Activity to Locate <u>After</u> Warrant Issued	Yes	No	% in Compliance	N/A	Total Cases
Criminal History check done	15	21	42%	1	37
Residence Check	1	26	4%	10	37
Employment Check	0	7	0%	30	37
Opted-In Victim Notified	0	0	NA	37	37
Annual Records Check	8	0	100%	29	37

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Requirement Met	If Warrant After 7/20/2011, CRO Filed Within 90 Days	Whereabouts Determined
Yes	4	4
No	31	33
Total	35	37
% in Compliance	11%	NA
N/A	2	0

Department Response: Prior to the final report, the Department provided the following response, “Correction Plan” implemented since this finding:

- 1) October 05, 2017 training was conducted on responsibilities of officers in absconder cases in both the Payson and Globe Probation offices.
 - a. Documentation was the issue.
 - b. Officers were instructed to document in APETS contact notes their attempt to locate absconders (i.e. residence check, employment checks, collateral contacts, etc.) every 30 days. If any of these are not appropriate (i.e. officer has evidence that the absconder is no longer at that residence/employment, etc.), then this should be documented clearly in a contact note.
- 2) Supervisory review efforts are implemented to locate absconders prior to approval of all PTRs requesting warrants.
- 3) Change local policy re: remove requirement of certified letter be sent to suspected absconder unless the officer does not have evidence that the address is no longer valid.
- 4) Supervisory review efforts are implemented to locate absconders at 90 days when the case is transferred to the Administrative Warrants caseload to include verification of CRO.
- 5) Newly created fugitive apprehension position to resume the tracking of all active warrants to align with Code and local policy.

Criminal Restitution Orders (CRO) Documentation/Findings

- 1) Absconder cases reviewed for CRO filing (highlighted cases indicate continued deficiency):
- 2) *Note, it has been verified that CRO’s were filed on cases in question, but a copy of the CRO was not placed in file. Below are the last names and the corresponding date the CRO was filed for each case. Copies have been made and ALL files now have the CRO in them.¹

Corrective Action Plan:

- 1) Officers were trained and reminded at the Payson and Globe Unit Meetings on 10/5/17 of the necessity of filing a CRO before 90 days when the case is transferred to the Admin Warrants caseload.

¹This list was reviewed for content but will not be included in this report.”

Required Corrective Action: None required

Recommendation: Regular supervisory case file reviews can include specific tasks outlined on a checklist indicating all offender related tasks were completed. APETS reports can also be used as a supervisory tool for quality assurance.

Sex Offenders

Pursuant to [A.R.S. § 13-3821](#), [A.R.S. § 13-3822](#), [A.R.S. § 13-3821\(J\)](#), [A.R.S. § 13-610](#), and [A.R.S. § 13-3825](#)

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

The relevant code in effect during the review period, [ACJA § 6-201.01\(K\)](#), requires a varied residential contact for Standard Probation Supervision (SPS) frequency based on supervision level, but none are specifically directed at residence or employment verification upon placement on probation or release from custody. However, verifying a probationer's residence and workplace within 30 days of beginning supervision/release (current best practice) will provide the officer with insight into a probationer's needs and overall situation.

At the time of this Operational Review there is no statute, code, or departmental policy regarding SPS residence verification. However, best practice indicates this should be completed within 30 days of sentencing/release from custody.

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Twenty-five sex offender case files were reviewed. Information in APETS, as well as documentation in case files, was used to determine compliance in the following areas.

The requirement for sex offender registration was not applicable for 14 cases (either the probationer was not required to register or the requirement for first time registration was not applicable for Gila County probation department (e.g. intercounty cases).

The requirement to register a change of address was not applicable for 11 cases as those cases were not statutorily required to register or they did not change their place of residence.

Summary of Sex Offender Requirements	Yes	No	% Compliant	N/A	Total
Original Registration within 10 days	5	6	45%	14	25
New residence verified w/in 30 days (SPS)/72 hours (IPS)	16	9	NA	0	25
Address/name change notification change within 72 hours	6	8	43%	11	25
Yearly identification	7	13	35%	5	25
Was DNA sample secured from the probationer and transmitted to DPS within 30 days of being placed on probation or acceptance of incoming?	6	3	67%	16	25
If not the probationer's 1st felony, did the officer verify DNA in the DPS databank within 30 days of being placed on probation or acceptance of incoming?	5	2	72%	7	25
DNA screen completed in APETS	21	0	100%	4	25
Annual polygraphs	18	4	82%	3	25
Referred to treatment	25	0	100%	0	25

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Department Response: Prior to the final report, the Department provided the following response, “A sex offender checklist (provided) has been instituted and will be embedded in sex offender policy. In addition, AOC Manager Paula Taylor has offered to provide training to set up reminders in APETS.”

Required Corrective Action: None required

Recommendation: Regular supervisory case file reviews can include specific tasks outlined on a checklist indicating all sex offender related tasks are completed. APETS reports can be used as a supervisory tool for quality assurance.

Global Positioning System (GPS)

Pursuant to [A.R.S. § 13-902\(G\)](#) and [AD 2011-41](#).

At the time of the operational review, the department reported that there were not any probationers on GPS.

Signed Review/Acknowledgement of Terms and Conditions

Pursuant to [Arizona Rules of Criminal Procedure 27.1](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Sixty-eight SPS files and 28 of the 32 applicable IPS files were reviewed; below are the findings:

Summary of Review and Acknowledgement forms				
Probation Type	Yes	No	Total	% Compliance
IPS	26	2	28	96%
SPS	64	4	68	94%

Required Corrective Action: None required

Recommendation: A case file review checklist which lists requirements to be completed within the first seven to 30 days at initial intake for officer utilization and monthly supervisory case file reviews will assist to ensure compliance.

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

DNA Collection

Pursuant to [A.R.S. §13-610\(C\), \(D\) and \(G through O\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Below are the findings for the 68 SPS files reviewed and 28 IPS case files reviewed.

SPS DNA Collection

SPS DNA Collection/Verification within 30 days	
Yes	32
No	16
Total	48
% in Compliance	67%
NA¹	20

¹Another agency/county responsible for DNA collection/verification.

SPS DNA Collection/Verification	
If not probationers 1st felony, did the officer verify DNA in the DPS databank w/in 30 days of being placed on probation or acceptance of incoming	
Yes	6
No	8
Total	14
% in Compliance	43%
NA¹	54

¹Another agency/county responsible for DNA collection/verification.

IPS DNA Collection

IPS DNA Collection/Verification within 30 days	
Yes	15
No	1
Total	16
% in Compliance	94%
NA¹	12

¹Another agency/county responsible for DNA collection/verification.

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

IPS DNA Collection/Verification	
If not the probationer's 1st felony, did the officer verify DNA in DPS databank within 30 days of being placed on probation or acceptance of incoming	
Yes	6
No	5
Total	11
% in Compliance	55%
NA¹	17

¹Another agency/county responsible for DNA collection/verification.

Department Response: Prior to the final report, the Department provided the following response, “This has been addressed with managers at the March 29, 2018 Leadership retreat with the plan to address and document via unit meeting minutes. This will also be verified through random case file reviews.”

Required Corrective Action: None required

Recommendation: Refresher training and regular supervisory case file reviews will assist and remind officers that DNA must be collected and transmitted or verified within 30 days of the probation start date/acceptance of incoming as required by statute.

VICTIMS' RIGHTS

SPS Victim Contacts

Pursuant to [A.R.S. §13-4415 \(A\)\(1-3\)](#), [A.R.S. §13-4415 \(B\)\(1-5\)](#), and [ACJA § 6-103\(E\)\(4\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Sixty-eight standard case files were reviewed. Per APETS data and case file information, two of the nine applicable cases had an opted-in victim(s).

SPS - Victim Contact			
Requirement Met	Pre-sentence Contact	Victim Opt-In	Notices Given
Yes	28	2	1
No	1	7	1
Total	29	9	2
% in Compliance	97%	NA	50%
NA	39	59	66

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Department Response: Prior to the final report, the Department provided the following response, “This is a training issue that was addressed in the March 29, 2018 Leadership retreat to be covered in future unit meetings. The agency will be assigning opted-in cases to a probation aid/case manager to track as a quality assurance piece beginning FY19.”

Required Corrective Action: None required

Recommendation: Refresher training and regular supervisory case file reviews will assist to ensure that the Victim Screen in APETS and the case files include documentation that opted-in victims were notified of proceedings and/or modifications per statute and code.

IPS Victim Contacts

Twenty-eight IPS cases files were reviewed. Per APETS data and case file information, none of the applicable cases had an opted-in victim(s).

Requirement Met	Pre-sentence Contact	Victim Opt-In	Notices Given
Yes	10	0	0
No	0	0	0
Total	10	0	0
% in Compliance	100%	NA	NA
NA	18	28	28

Required Corrective Action: None required.

OFFENDER ACCOUNTABILITY

The enforcement of court-ordered financial obligations such as restitution and probation service fees (PSF) and community restitution orders (CRO) are integral parts of probation supervision, the absence of which undermines probationer accountability and mitigates the sentence imposed. During the operational review, intensive and standard probation case files were reviewed to assess the department’s enforcement of financial obligations and CROs.

SPS Financials

Pursuant to [ACJA § 6-103\(E\)\(4\)\(I\)](#), [A.R.S. § 13-901](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

A summary of the offenders' financial status is maintained in each case file. Sixty-eight SPS case files were reviewed. Restitution was ordered in five of the 68 applicable standard cases reviewed and probation supervision fees were ordered in 59 of the 68 case files reviewed. Information in the case file/financial file/APETS and information from the department revealed the following:

Standard Restitution			
Requirement Met	Restitution Current	Court Notified	Opted in Victim Notified
Yes	4	0	0
No	1 ¹	1 ¹	0 ¹
Total	5	1	0
% in Compliance	NA	0%	NA

¹Court/victim notification of delinquent restitution not found in file/no documentation Contacts/Case Notes in APETS.

Standard Probation Service Fees (PSF)	
Requirement Met	PSF Current
Yes	12
No	47
Total	59
% in Compliance	NA
N/A	9

Probation Officers addressed all court financial delinquencies in 44 (88 percent) of 50 applicable cases.

Department Response: Prior to the final report, the Department provided the following response, “Officers are addressing delinquencies at within 2% of acceptable range. In addition, the standard indicates whether the restitution or PSF is current. This does not seem to be a fair measure as officers are responding to the noncompliance at a rate of 88%. Regarding restitution, only 5 cases were evaluated making 90% compliance difficult with the small sample. Supervisor case file reviews and refresher training will be completed before the end of the calendar year (December 2018).”

AOC Response: The review criteria for SPS Financials/Restitution Delinquency are Court Notified and Opted-in Victim Notified. Restitution current is no longer given a compliance rate due to court notification and victim notification being code requirements. Coincidentally, only one case had restitution ordered; therefore, the sample size is sufficient.

Required Corrective Action: None required

Recommendation: Refresher training and regular supervisory case file reviews will assist to ensure timely notification to the Court and opted-in victims of probationer arrearages in restitution, as well as to increase efforts regarding enforcement of financial orders.

IPS Financials

Pursuant to [ACJA § 6-103\(E\)\(4\)\(i\)](#), [A.R.S. § 13-901](#)

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

A summary of the offenders' financial status is maintained in each case file. Twenty-eight IPS case files were reviewed. Restitution was ordered in one of the 28 IPS cases reviewed and probation supervision fees were ordered in 24 of the 28 IPS case files reviewed. Information in the case file/financial file/APETS and information from the department revealed the following:

Twenty-eight IPS case files were reviewed; below are the findings.

IPS Restitution			
Requirement Met	Restitution Current	Court Notified	Opted in Victim Notified
Yes	0	0	0
No	1 ¹	1 ¹	0 ¹
Total	1	1	0
% in Compliance	NA	0%	NA

¹Court/victim notification of delinquent restitution not found in files/no documentation
Contacts/Case Notes in APETS.

Intensive Probation Service Fees (PSF)	
Requirement Met	PSF Current
Yes	8
No	16
Total	24
% in Compliance	NA
NA	4

Probation Officers addressed financial delinquencies in 16 (80 percent compliance rate) of 20 applicable cases.

Department Response: Prior to the final report, the Department provided the following response, "One file was used as the sample for restitution. Officers will be trained to modify monies when treatment and other obligations prevent payment of PSF. In addition, officers are addressing financial delinquencies at a rate of 80%, a better measure of compliance. Case file reviews will also support the QA of this function."

AOC Response: The review criteria for SPS Financials/Restitution Delinquency are Court Notified and Opted-in Victim Notified. Restitution current is no longer given a compliance rate due to court notification and victim notification being code requirements. Coincidentally, only one case had restitution ordered; therefore, the sample size is sufficient.

Required Corrective Action: None required

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Recommendation: Refresher training and regular supervisory case file reviews will assist to increase efforts regarding enforcement of financial orders.

IPS Collection of Probationer Wages

Pursuant to [A.R.S. § 13-918\(B\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The Chief Probation Officer established an IPS checking account in accordance with statute. IPS probationers submit their wages to the department. The department issues a receipt and after payment is made, the remaining balance is returned to the probationer that afternoon or the following day. A summary of the offenders' financial status is maintained in each case file.

Twenty-eight IPS case files were reviewed; below are the findings.

Paychecks/Wages Submitted by Probationers on IPS					
	Yes	No	Total	% in Compliance	NA
Wages submitted	10	1	11	91%	17

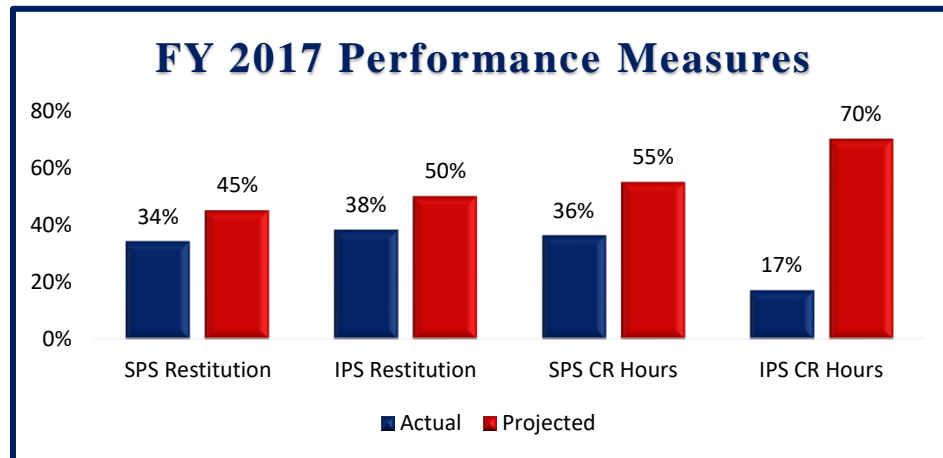
Required Corrective Action: None required

Recommendation: Regular supervisory caseload reviews, unit meetings/trainings and checklist will help ensure IPS requirements are met.

Performance Measures Comparison

The department reported on performance measures for restitution and community restitution (CR) hours achieved for FY 2017. The department did not meet performance measures expectations for IPS and SPS in FY 2017.

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**



SPS Community Restitution (CR) Hours

Pursuant to [ACJA § 6-201.01\(K\)\(5\)\(d\), \(7\)\(c\), and \(8\)\(d\)](#), and [ACJA § 6-201.01\(J\)\(1\)\(g\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Sixty-eight SPS cases were reviewed regarding CR hours for April 2017, May 2017, and June 2017 and a monthly breakdown of CR hour compliance for the review period is illustrated below:

SPS Monthly Community Restitution Requirement Met				
Monthly CR Hours Completed	April 2017	May 2017	June 2017	Officer Addressed Delinquency
Yes	1	1	1	2
No	4	4	4	2
Total	5	5	5	4
% Compliance	20%	20%	20%	50%
N/A ¹	63	63	63	64

¹CR hours were not ordered, discretionary, or completed prior to the review period.

Department Response: Prior to the final report, the Department provided the following response, “This is a training issue. It was discussed in the Leadership retreat on March 29, 2018 and in subsequent unit meetings. Detention staff are taking over the tracking of community restitution for officers beginning FY19

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

and are currently supervising work crews to assist probationers in completing work service hours. Policy is currently under review to be supported by administrative order to allow for CWS credit for treatment attendance/completion, attendance in school, support meetings and other programs.”

Required Corrective Action: None required

Recommendation: Regular supervisory case file reviews, unit meetings, and trainings should emphasize the importance of addressing delinquent community restitution hours and documentation of such should be included in the case notes/case file.

IPS Community Restitution (CR) Hours

Pursuant to [A.R.S. § 13-914\(E\)\(6\)](#), [ACJA § 6-202.01\(I\)\(1\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Twenty-eight IPS cases were reviewed regarding CR hours for April 2017, May 2017, and June 2017 and a monthly breakdown of CR hour compliance for the review period is listed below:

IPS Monthly Community Restitution Requirement Met				
Weekly Hours Completed	April 2017	May 2017	June 2017	APO Addressed Delinquency
Yes	5	11	11	13
No	5	1	5	0
Total	10	12	16	13
% Compliance	50%	92%	69%	100%
N/A ¹	18	16	12	15

¹Probationer was in prison, jail, treatment, hospital, severe drug issues, missing, or CR hours were waived

Department Response: Prior to the final report, the Department provided the following response, “This is a training issue. It was discussed in the Leadership retreat on March 29, 2018 and subsequent unit meetings. Detention staff are taking over the tracking of community restitution for officers in FY19 and are currently supervising work crews to assist probationers in completing work service hours. Policy is currently under review to be supported by administrative order to allow for CWS credit for treatment attendance/completion, attendance in school, support meetings and other programs for full-time students, employment, or treatment at less than 20 hours.”

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Required Corrective Action: None required

Recommendation: Regular supervisory case file reviews will assist to increase efforts regarding enforcement of CR hours. Training will ensure that probation officers address CR delinquencies with the probationer and document same in the case notes/case file.

CASE MANAGEMENT

SPS

SPS Residence and Employment Verification

The relevant code in effect during the review period, [ACJA § 6-201.01\(K\)](#), requires a varied residential contact frequency based on supervision level, but none are specifically directed at residence or employment verification upon placement on probation or release from custody. At the time of this operational review (**cases sentenced prior to January 11, 2017**), there is no statute, code, or departmental policy regarding SPS residence verification. However, best practice indicates this should be completed within 30 days of sentencing/release from custody as it will provide the officer with insight into a probationer's needs and overall situation.

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☒ Standard Not Applicable

Not all probation officers use the address/employment history screens in APETS to document the date verified for address verification and employment verification. Therefore, the Operational Review Team read through the contact notes for each case to determine compliance.

For informational purposes only. The following table shows the number of residence and employment verifications conducted for the 68 case files reviewed.

Standard Supervision – Residence & Employment Verification		
	Residence within 30 Days (Initial and Changes)	Employment Verification (within 30 days)
Yes	57	2
No	10	20
Total	67	22
% Completed	85%	9%
N/A	1	46

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Required Corrective Action: Prior to the final report, the Department provided the following response, “Refresher training will be implemented before the end of FY18 to address this documentation issue. In addition, random case file reviews will look for this documentation specifically.”

Required Corrective Action: None required. Please note January 11, 2017, code changes: “an initial contact at the probationer’s residence within 30 days of sentencing or release from incarceration.”

Recommendation: Regular supervisory caseload reviews, unit meetings/trainings and a checklist will help ensure timely verification. Remind officers to enter verification information into the applicable APETS screens and APETS reports can be run to help assist with quality assurance and case file reviews.

SPS OST/FROST Timeline Compliance

Pursuant to [ACJA § 6-201.01\(J\)\(5\)\(a\)\(1\)](#), [ACJA § 6-105.01\(E\)\(2\)\(b\)\(1\)\(c\)](#), and [ACJA § 6-105.01\(E\)\(2\)\(b\)\(1\)\(g\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The results for the 68 SPS case files reviewed are listed in the table below:

SPS Offender Screening Tool (OST) Completed within 30 days	
Yes	54
No	6
Total	60
% in Compliance	90%
N/A	8

Sixty-eight files were reviewed, in which 192 FROST assessments were conducted (over a three-year period). The results are listed in the table below:

FROST ¹ Completed for Standard Supervision Cases (180 Days)	
Yes	56
No	99
Total	155
% in Compliance	36%
N/A	192

¹ FROST completed during the past three years were reviewed.

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Department Response: Prior to the final report, the Department provided the following response, “Request the names or CR’s for these 99 cases. All delinquent FROST prior to code change of annual assessments, will be addressed with each officer and FROST brought current immediately as identified through monthly “past due” reports issued by Supervisor Pam Johnson. There has been significant turnover in the Payson Office leading to caseload coverage for months at a time. Case file reviews should catch any future non-compliance.”

APSD Response to Request: The sample list for the 68 case files reviewed was provided to the Department prior to the on-site visit. The 99 FROSTs that the compliance rate is based on are associated with the sample list and are the number of FROSTs that should have been completed within the above specified period.

Required Corrective Action: None required

Recommendation: Regular supervisory caseload reviews, unit meetings/trainings and a checklist will help ensure timely FROSTs. Remind officers to enter FROST information into the applicable APETS screens and APETS reports can be run to help assist with quality assurance and case file reviews.

SPS Assessment Score Matching Supervision Level

The Operational Review Team reviewed supervision levels of the selected cases to determine if they agreed with assessment or reassessment scores. The post-sentence supervision assignment sheet (updated in January 2010) requires assessment scores of 0-5 (males), 0-8 (females) will be supervised under standard, minimum supervision requirements. Assessment scores of 6-17 (males), 9-20 (females) will be supervised under the standard, medium supervision requirements, and assessment scores of 18 and higher (males), 21 and higher (females) will be supervised under the standard, maximum supervision requirements.

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Each of the 68 SPS cases were compared to the above standards using the current supervision level and OST/FROST. On average, 93 percent of the time the supervision level matched the assessment score. The results are outlined below.

Supervision Level Matches Assessment Scores			
Requirement Met	Maximum	Medium	Minimum
Yes	2	39	19
No	0	7	1
Total	2	46	20
% in Compliance	100%	85%	95%
NA ¹	0	0	0

¹Most recent risk score was not in the case file and/or APETS

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Required Corrective Action: None required

Recommendation: Regular supervisory caseload reviews, unit meetings/trainings and a checklist will help ensure requirements are met.

SPS Case Plan Timeline

Pursuant to [ACJA § 6-201.01\(J\)\(5\)\(a\)\(4\)](#), [ACJA § 6-201.01\(J\)\(5\)\(a\)\(7-8\)](#), [AJCA 6-201.01\(J\)\(1\)\(I\)](#)

An important aspect of case planning is to ensure that probationers are included in the development of goals and strategies. The probationer is a valuable resource in identifying solutions to the needs targeted on the OST or FROST.

In addition, case plans were reviewed for EBP concerning whether they contained probation officer strategies to monitor compliance and accomplish the objectives and measurable strategies for the probationer and probation officer. The minimum level supervision cases were reviewed to determine if a case plan was completed if required.

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The table below shows the department's compliance regarding an initial case plan within 60 days and follow-up case plans every 180 days. Sixty-eight SPS case files were reviewed and the findings are below:

SPS Case Plans ¹	Yes	No	Total	% Compliance	NA ²
Initial completed within 60 days	32	26	58	55%	10
Follow-up completed every 180 days	42	60	102	41%	10
Contain probation officer strategies to monitor compliance and accomplish the objectives	38	9	47	81%	21
Measurable strategies for the probationer and probation officer	30	17	47	64%	21
Completed for minimum level supervision cases if required	4	10	14	29%	54

¹The Case Plans for the past three years were reviewed for each applicable case file.

²Another agency/county responsible for initial case plan, and/or follow-up case plan, case plan not necessary for the applicable case and/or case plan not necessary at the time of the operational review.

Department Response: Prior to the final report, the Department provided the following response, "Refresher training will be scheduled to occur annually. To address these concerns immediately, the

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

management team will conduct training at unit meetings and assess compliance through case file reviews by end of FY18 and this will be addressed in the Arizona Probation Officers conference offered in September of 2018.”

Required Corrective Action: None required

Recommendation: Case file reviews will help ensure that the case plan includes probation officer strategies to monitor compliance and that the strategies are measurable.

SPS Highest Criminogenic Need Areas Addressed on Case Plan

Pursuant to [ACJA § 6-201.01\(J\)\(5\)\(a\)\(3\)](#)

EBP requires that areas in the OST/FROST reflecting higher scores and/or higher need be addressed in the narrative of the case plan. If not addressed, an explanation should be provided in the case plan or Contacts/Case Notes screen in APETS/case record. This was reinforced in AOC case plan training sessions.

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The most recent case plan in APETS was reviewed. Of the 68 case plans reviewed, 13 have at least one score of 60 percent or above/high score/*high need* on the current OST/FROST as indicated below.

High Domain Scores on the Current OST/FROST Addressed in the Case Record – 68 Case Plans Reviewed	
Yes	31
No	2
Total	33
% Compliance	94%
N/A	35

Required Corrective Action: None required

Recommendation: Staff training, regular supervisory case file reviews, and a QA protocol will help ensure that probation officers are addressing highest criminogenic needs.

SPS Case Plan Signatures

Pursuant to [ACJA § 6-201.01\(J\)\(5\)\(a\)\(4\)](#)

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Case plan signatures indicate the probationer and supervising officer are aware of the goals to be addressed during each contact and that the probationer participated in the case planning. The results for the 68 SPS case files reviewed are displayed below:

Most Recent CP Contain <i>All</i> Required Signatures	
Yes	36
No	12
Total	48
% in Compliance	75%
N/A	20

Department Response: Prior to the final report, the Department provided the following response, “This is a training issue that will be revisited annually and will be reviewed via random case file reviews.”

Required Corrective Action: None required

Recommendation: Case file reviews will help ensure that probationers are participating in the case plan reviews.

IPS

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Photo in File

Pursuant to [ACJA § 6-202.01\(P\)\(2\)\(c\)](#)

Verification of Employment

Gila County Adult Probation Department
Operational Review Final Report – April 2018

Pursuant to [ACJA § 6-202.01\(N\)\(3\)\(b\), \(4\)\(b\), \(5\)\(b\), \(6\)\(b\)](#)

Verification of Job Search/Community Restitution Six Days Per Week

Pursuant to [A.R.S. § 13-914\(E\)\(1\)](#)

For unemployed probationers, job search/community service verification was completed for one of the three applicable case files.

Verification of Residence

The relevant code in effect during the review period, [ACJA § 6-202.01\(O\)](#), requires a varied residential contact frequency based on supervision level, but none are specifically directed at residence verification upon placement on probation or release from custody. **During the review period (cases sentenced prior to January 11, 2017)**, there is no statute, code, or departmental policy regarding IPS residence verification. However, best practice indicates this should be completed within 72 hours of sentencing/release from custody as it will provide the officer with insight into a probationer's needs and overall situation.

Intensive Probation Cases				
Requirement Met	Photo in File	Employment Verified w/in 10 Days	If Unemployed, on Job Search & CR 6 Days Per Week	Residence Verified w/in 72 Hours ¹
Yes	27	17	3	25
No	1	1	0	2
Total	28	18	3	27
% Compliant	96%	94%	100%	93% ¹
N/A	0	10	25	1

¹For informational purposes only

Required Corrective Action: None Required

Recommendation: Regular supervisory caseload reviews, unit meetings/trainings and checklist will help ensure IPS requirements are met.

Verification of Weekly Schedules

Pursuant to [A.R.S. § 13-914\(E\)\(4\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

For the three-month period, 28 files were reviewed for the presence of probationers' weekly schedules. To be counted as completed for the month, schedules for all four weeks must be completed in detail and in the file.

IPS Schedules Submitted			
4 Schedules Per Month	April 2017	May 2017	June 2017
Yes	5	11	11
No	5	1	5
TOTAL	10	12	16
% Compliant	50%	92%	69%
N/A¹	18	16	12

¹NA refers to intensive probationers in jail, DOC, residential treatment, or recently transitioned to standard supervision.

Department Response: Prior to the final report, the Department provided the following response, "This is a training issue that will be via random case file reviews and has been addressed in the March 29, 2018 Leadership retreat."

Required Corrective Action: None required

Recommendation: Refresher IPS training and supervisory case file reviews will improve IPS compliance.

IPS OST/FROST and Case Plan

Pursuant to [ACJA § 6-105.01\(E\)\(2\)\(b\)\(1\)\(a\)](#), [ACJA § 6-105.01\(E\)\(2\)\(b\)\(1\)\(g\)](#), [ACJA § 6-202.01\(L\)\(2\)\(c\)](#), [ACJA § 6-202.01\(L\) \(2\) \(h\)](#), and [ACJA § 6-202.01\(L\) \(2\) \(c\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

A review of 28 case files revealed the following:

Requirement Met	Initial Assessment (OST) w/in 30 days or at PSI	Reassessment (FROST)¹ Every Six Months
Yes	13	19
No	0	2
Total	13	21
% Compliance	100%	91%
N/A	15	147

¹The FROSTs for the past three years were reviewed.

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

IPS Case Plans¹	Yes	No	Total	% Compliance	NA²
Initial completed within 30 days	12	1	13	92%	15
Follow-up completed every 180 days	17	2	19	90%	121
Probation officer strategies to monitor compliance and accomplish the objectives	24	4	28	86%	0
Measurable strategies for the probationer and probation officer	9	19	28	32%	0
Required signatures obtained	25	3	28	89%	0

¹The case plans for the past three years were reviewed.

²Another agency/county responsible for initial case plan, and/or follow-up case plan, case plan not necessary for the applicable case and/or case plan not necessary at the time of the operational review.

Department Response: Prior to the final report, the Department provided the following response, “Request AOC Operational review team provide Gila County Adult Probation with the case numbers for follow-up and training purposes. Refresher training will be conducted every two years and will be addressed through unit meetings.”

APSD Response to Request: The sample list for the 28 case files reviewed was provided to the Department prior to the on-site visit.

Required Corrective Action: None required

Recommendation: Supervisory case file reviews will help ensure that the case plans contain probation officer strategies, that the strategies are measurable, and that the plan documents all required participants.

IPS Highest Criminogenic Need Areas Addressed on Case Plan

Pursuant to [ACJA § 6-202.01\(M\)\(2\)](#)

EBP requires that areas in the OST/FROST reflecting higher scores and/or higher need to be addressed in the narrative of the case plan. If not addressed, an explanation should be provided in the case plan or Contacts/Case Notes screen in APETS/case record. This was reinforced in AOC case plan training sessions.

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

High Domain Scores Addressed – 28 Case Plans Reviewed	
Yes	24
No	2
Total	26
% in Compliance	92%
N/A¹	2

¹The N/A cases did not have a score of 60 percent or above on the OST/FROST or a “high need.”

Required Corrective Action: None required

Recommendation: Staff training, regular supervisory case file reviews, and a quality assurance protocol will help ensure that probation officers are addressing highest criminogenic needs.

Incoming Interstate

Pursuant to [ACJA § 6-204.01\(J\)\(5\)\(a\)](#), [A.R.S § 31-467.06](#), [Interstate Commission for Adult Offender Supervision \(ICAOS\) Rule 4.106\(a\)](#), and [ICAOS Rule 3.103 \(c.\) and Rule 3.106 \(b\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The table below lists the results of the review of five incoming ISC cases files.

Incoming Interstate Compact Requirements	Yes	No	Total	% Compliance	N/A
Were the Arizona Conditions Signed	5	0	5	100%	0
Is VCAF on Arizona Terms & Conditions	5	0	5	100%	0
Annual Progress Reports Completed	2	0	2	100%	3
Sending State's Terms & Conditions in File	5	0	5	100%	0
Interstate Tracking Screen Completed in APETS	5	0	5	100%	0
ISC Status Accurate in APETS (Accepted, Closed,	5	0	5	100%	0
Are VCAF Collections Current	4	1	5	80%	0
If VCAF collections are not current, has the PO addressed	0	1	1	0%	4
DNA Collected Within 30 Days	5	0	5	100%	0
OST Within 30 Days of Arrival or Acceptance	3	2	5	60%	0
ICP Within (60 days for SPS and 30 days for IPS) of Arrival or Acceptance	3	0	3	100%	2

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Department Response: Prior to the final report, the Department provided the following response, “VCAF collections were 80% in compliance. No documentation of addressing VCAF collection.”

Correction plan:

- 1) Officers were reminded at the Payson and Globe Unit Meetings on 10/5/17 of the importance of documenting efforts to collect financial obligations.

OST within 30 days of arrival or acceptance (60% compliance) documentation:

Corrective Action Plan:

- 1) Officers were reminded at the Payson and Globe Unit Meetings on 10/5/17 of the necessity to complete an OST on incoming transfers within 30 days of arrival/acceptance.”

Required Corrective Action: None required

Recommendation: Regular supervisory reviews, in addition to a checklist, could assist with ensuring all requirements are met for incoming ISC cases. Moreover, utilizing ICOTS and APETS for reminder notifications for applicable areas noted above would be useful.

Outgoing Interstate

Pursuant to [ACJA § 6-204.01\(J\)\(5\)\(a\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The table below lists the results of the review of 23 outgoing ISC case files.

Summary of Outgoing Interstate Compact Requirements	Yes	No	Total	% in Compliance	N/A
ISC status accurate (accepted, closed, etc.), ICOTS & APETS match	21	2	23	91%	0
Did probationer leave with valid reporting instructions	23	0	23	100%	0
Did the PO respond to violation reports within 10 business days	8	0	8	100%	15
Was DNA sample secured from the probationer and transmitted to DPS within 30 days of being placed on probation or acceptance of incoming	16	6	22	73%	1

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Summary of Outgoing Interstate Compact Requirements	Yes	No	Total	% in Compliance	N/A
If it is not the probationer's 1st felony offense or if DNA was previously secured by another agency did the Officer, verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming	1	0	1	100%	22
DNA screen completed in APETS	15	8	23	65%	0
Was the Opted-in Victim notified of ISC and any other probation status issues	0	1	1	0%	22

Department Response: Prior to the final report, the Department provided the following response, "DNA sample obtained w/in 30 days of placement on probation (73% compliance):
DNA screen completed in APETS (65% compliance):
Review of APETS (highlighted cases indicate issues) documentation:¹

Corrective Action Plan:

- 1) Officers were reminded at the Payson and Globe Unit Meetings on 10/5/17 of the necessity of obtaining DNA samples before sending the case out of state.
- 2) DNA screen should be reviewed prior to sending a case out of state.
- 3) Only 2 cases require corrective action: Gila County has already received assistance from the receiving State in one case to obtain a missed DNA sample. Gila County requested assistance from the Receiving State in the second case on 10/19/17.

Opted-in victim notified of ISC (0% compliance – only 1 case reviewed):

Correction plan:

- 1) Given the sample size of this particular review, it is hard to determine if this is a pattern. Officers were reminded at the Payson and Globe Unit Meeting on 10/5/17 of the necessity of providing victim notification on all applicable modifications (including ISC) for opted-in victims.

¹Information was reviewed for content but will not be attached to this report."

Required Corrective Action: None required

Recommendation: Regular supervisory reviews, in addition to a checklist, could assist with ensuring all requirements are met for outgoing ISC cases. Moreover, utilizing ICOTS and APETS for reminder notifications for applicable areas noted above would be useful.

For informational purposes only in relation to Court monies owed to Arizona:

Outgoing Interstate Compact Monies Owed	Yes	No	Total	%	N/A
Is money owed to Arizona	22	1	23	96%	0
Are payments current	2	20	22	9%	1

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Recommendation: Although the team could not determine whether officers are following up with probationers regarding payments, the department may want to establish a review process for probationer payments. The following is recommended to help establish a review process for payments: Officers assigned to monitor outgoing accepted probationers for the department should run financials every 60 days, more frequently for probationers who owe victim restitution, and if an offender is in arrears do the following:

- Check ICOTS for address and employment information and attempt to contact the probationer
- Follow local policies and procedures for sending a letter, etc. to make the probationer aware of his court-ordered financial obligations, resend payment balances, monthly amount due, address for payment submission, etc.
- In compliance with ACJA, memo the court for all probationers who are 60 days or more in arrears in restitution payments.
- Submit a Compact Action Request via ICOTS to the receiving state and request their assistance with the offender pursuant to ICAOS Rule 4.108 b.
- If after all attempts to collect monies has failed, memo the local court to ascertain whether a status hearing or revocation hearing is appropriate and consider a discretionary retaking under Rule 5.101.

Closed

Pursuant to [A.R.S. §12-253 \(2\) and \(7\)](#), [A.R.S. §13-4415 \(A\)\(1-3\)](#), [A.R.S. §13-4415 \(B\)\(1-5\)](#), [A.R.S. §13-610\(C\), \(D\) and \(G through O\)](#), [A.R.S. §13-902\(C\)](#), [A.R.S. §13-805\(A\)\(1\)\(2\)](#), and [ACJA §6-201.01\(J\)\(5\)\(a\)\(12\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The table below list the results of the 37 case files that were reviewed.

Closed Cases	Yes	No	Total	% Compliance	NA
Warrant Check Before Termination	1	18	19	5%	18
Court Ordered Treatment Completed	5	2	7	71%	30
Restitution Owed at Closure	6	2	8	NA	29
Extended for Restitution	1	1	2	NA	35
Other financial terms owed at closure	33	4	37	89%	0
CRO Entered for Outstanding Financial Balances	26	4	30	87%	7
Opted-In Victim Notified of Closure	2	2	4	50%	33
CR hours required by Statute completed by Closure	4	1	5	80%	32
DNA collected	30	2	32	94%	5

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Department Response: Prior to the final report, the Department provided the following response,
“Warrant check before termination (5% compliance):

Corrective Action Plan:

- 1) Officers were reminded at the Payson and Globe Unit Meetings on 10/5/17 of the necessity of running a warrant check before submitting a petition to terminate.
- 2) Supervisory review of petitions to terminate will include a warrant check prior to approval.

Opted-in Victim’s notified of termination (50% compliance):

Correction plan:

- 1) Officers were reminded at the Payson and Globe Unit Meetings on 10/5/17 of the necessity of informing opted-in victims of termination of probation.”

Required Corrective Action: None required

Recommendation: Supervisory case file review prior to closure can include specific tasks outlined on a checklist indicating all offender related tasks were completed.

TREATMENT SERVICES

SPS Treatment Referrals & IPS Treatment Referrals: The information was not reviewed during this operational review.

Transferred Youth

The department did not service any transferred youth during this operational review period.

SPS Drug Testing

Pursuant to [ACJA § 6-201.01 \(J\)\(1\)\(f\)](#)

Findings:

- | |
|---|
| <input type="checkbox"/> Exceeds Standard. Substantially exceeds requirement of standard: (101% and above) |
| <input type="checkbox"/> Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%) |
| <input checked="" type="checkbox"/> Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below |
| <input type="checkbox"/> Standard Not Applicable |

The table below lists the results of the 68 case files reviewed.

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

SPS Drug Testing		
Requirement Met	Drug Testing Frequency Described in Case Plan/Record¹	Drug Tested as Described in Case Plan/Record
Yes	14	10
No	15	5
Total	29	15
% Compliance	48%	67%
N/A	39	53

¹Case plans were considered as needing to describe drug testing frequency if the drug domain was 67 or 100 percent and/or if drug testing was described in case plan/record regardless of drug domain score.

Department Response: Prior to the final report, the Department provided the following response, “This is a training issue has been addressed with officers in monthly unit meetings that followed the March 29, 2018 Leadership retreat. In addition, the new officer checklist and current officer ranks will be attending a training in FY 19 with the Chief and new Drug Testing vendor on evidence-based drug testing and the use of new technology and algorithms. The Drug Testing policy is also under review and will be completed in FY19.”

Required Corrective Action: None required

Recommendation: Staff training and supervisory case file reviews will assist to ensure officers are documenting the frequency of drug testing in the probationer’s case plan and that probationers are drug tested as described in the case plan.

IPS Drug Testing

Pursuant to [ACJA § 6-202.01\(L\)\(2\)\(e\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The table below lists the results of the 28 case files reviewed.

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

IPS Drug Testing		
Requirement Met	Frequency Described in Case Plan/Record¹	Described in Case Plan/Record
Yes	9	9
No	11	0
Total	20	9
% Compliance	45%	100%
N/A	8	19

¹Case plans were considered as needing to describe drug testing frequency if the drug domain was 67 or 100 percent and/or if drug testing was described in case plan regardless of drug domain score.

Department Response: Prior to the final report, the Department provided the following response, “This is a training issue to be addressed with officers in unit meetings. In addition, the new officer checklist (provided) and current officer ranks will be attending a training with the Chief and new Drug Testing vendor on evidence-based drug testing and the use of new technology and algorithms by FY19. The Drug Testing policy is also under review with completion expected by FY19.”

Required Corrective Action: None required

Recommendation: Staff training and supervisory case file reviews will assist to ensure officers are documenting the frequency of drug testing in the probationer’s case plan.

Drug Treatment and Education Fund (DTEF)

Pursuant to [A.R.S. § 13-901.01](#), [A.R.S. § 13-901.02](#), [ACJA § 6-205\(G\)\(1\)\(c\)](#)

Pursuant to the Statewide APETS Policy Minimum Use Mandates, “In order to ensure statewide consistency, all client information will be recorded and maintained in the APETS system. In addition, all counties are expected to use and complete all fields in APETS as the information is applicable and becomes available.”

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The following information regarding the department’s management of DTEF cases was gathered from the Self-Assessment Questionnaire, case files while on-site and APETS. The department reported that it did not have probationers using DTEF funding.

During the operational review period, according to APETS data there were 31 cases pulled that were considered to be DTEF cases.

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

Thirty-one cases reviewed were **not funded** by DTEF and results are in the table below:

Cases Not Funded by DTEF				
13-901.01 (A)	21			
13-901.01 (F)	10			
13-901.01 (D)	0			
	Yes	No	NA ¹	% in Compliance
Did mandatory A' and F's receive a referral for treatment/education	21	1	3	96%
If OST/FROST Score was a minimum of 67% in drug domain was there a referral to treatment/education	12	0	19	100%

¹cases that scored less than 67% in the drug domain

Required Corrective Action: None required

Recommendation: Please describe how the DTEF Coordinator will ensure DTEF requirements are met and that DTEF information is accurate and does not conflict with DTEF data in APETS.

ACKNOWLEDGEMENTS

The Adult Probation Services Division (APSD) of the Administrative Office of the Courts (AOC) appreciated the hospitality, collaboration, and patience of the Gila County Adult Probation staff during the operational review process.

The department submitted a thorough and complete Self-Assessment Questionnaire (SAQ), responded to all questions/requests for additional information, was open and responsive throughout the process and reviewed sections of this report as they were completed.

As a result of preliminary feedback, the department began corrective actions in some areas during the pre-draft phase, prior to the publication of this report. This confirms the department's dedication to constant improvement in the delivery of probation services to Gila County.

Recommendations are provided in any areas where less than 100 percent compliance is attained. A department response is not required in areas where 90 percent or above compliance is achieved; however, we always welcome and appreciate feedback.

The operational review team appreciates the professionalism and cooperation demonstrated by your department throughout the review process.

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

COMPLIANCE SUMMARY COMPARISON		
	2017	2014
ADMINISTRATION AND MANAGEMENT		
Employment Qualification		
Application for Employment Completed	100%	100%
Verification of Bachelor's Degree	100%	100%
Verification High School Diploma/GED-for SO	100%	100%
National and State Criminal History Check before hire	100%	100%
Before hire, was a driving records check through AZ MVD and any other previous state of residence conducted	100%	100%
Officer Certification/COJET Training Requirements		
8 hours of officer safety training within 30 days of hire	33%	100%
Completion of PO Certification Academy within one year of the date of hire/date in position	100%	100%
Certification requested by CPO after one year of service has been completed from hire date/date in position	100%	100%
Annual Continuing Education Requirement	100%	100%
Completion of IPS Academy within one year of hire date	NA	NA
Continuing Employment		
Criminal History Check Every 2 Years	100%	14%
If the employee operates a state/county/personal vehicle, were annual MVD reviews conducted	0%	14% (every 2 years)
Firearms Annual Training	100%	100%
CPO Training Every 3 Years	100%	100%
Presentence Report		
Pre-sentence Reports On Time	100%	100%
COMMUNITY PROTECTION		
SPS Supervision Contacts January, February and March 2017		
Minimum Level		93%
Medium Level		93%
Maximum Level		100%
IPS Supervision Contacts January, February and March 2017		
Contacts with Probationers	88%	82%
Contact with Employers	100%	66%
Sex Offender Requirements		
Registration within 10 Days	45%	50%
Verify residence within 30 days (SPS), 72 hours (IPS)	NA	NA
Address/Name Change Notification Change within 72 hours	43%	75%
Yearly Identification	35%	46%
Was DNA sample secured from the probationer and transmitted to DPS within 30 days of being placed on probation or acceptance of incoming?	67%	60%
If it is not the probationer's 1st felony offense did the officer verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming?	72%	60%
DNA screen completed in APETS	100%	NA
Annual polygraphs	82%	92%
GPS Compliance		
GPS attribute marked in APETS	NA	NA
Probationer activated on initial report	NA	NA

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

COMPLIANCE SUMMARY COMPARISON		
	2017	2014
GPS rules signed by probationer	NA	NA
PO initiate immediate response	NA	NA
Was response appropriate	NA	NA
PO respond to alerts within 24 hours	NA	NA
Responses entered into APETS within 72 hours	NA	NA
If absconder, PTR with 72 hours	NA	NA
Signed Review/Acknowledgement of Terms and Conditions Form		
SPS	94%	99%
IPS	96%	100%
DNA Collection		
SPS		
Was DNA sample secured from the probationer and transmitted to DPS within 30 days of being placed on probation or acceptance of incoming?	67%	NA
If it is not the probationer's 1st felony offense did the officer verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming?	43%	NA
IPS		
Was DNA sample secured from the probationer and transmitted to DPS within 30 days of being placed on probation or acceptance of incoming?	94%	NA
If it is not the probationer's 1st felony offense did the officer verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming?	55%	NA
Activity to Locate <u>Before</u> Warrant Issued		
IPS - Warrant Requested within 72 Hours	71%	0%
SPS - Warrant Requested within 3 Months	97%	93%
Residence Checked	66%	91%
Collaterals Checked	73%	87%
Employment Checked	50%	0%
Certified Letter Sent	44%	56%
Activity to Locate <u>After</u> Warrant Issued		
Criminal History check done	42%	NA
Residence Checked	4%	0%
Employment Checked	0%	0%
Opted-In Victim Notified	NA	25%
Annual Records Check	100%	14%
If warrant after 7/20/2011, CRO Filed within 90 days	11%	57%
VICTIMS' RIGHTS		
SPS		
Pre-sentence Contact	97%	100%
Notice of Changes Given	50%	100%
IPS		
Pre-sentence Contact	100%	100%
Notice of Changes Given	NA	NA
OFFENDER ACCOUNTABILITY		
SPS Financials		
Victim Notified if Restitution Two Months in Arrears	NA	0%

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

COMPLIANCE SUMMARY COMPARISON		
	2017	2014
Court- Notification if Restitution Two Months in Arrears	0%	17%
Officer Addressed Financial Delinquencies	88%	75%
Probation Supervision Fees (PSF) Current	20%	NA
IPS Financials		
Court Notified if Restitution Two Months in Arrears	NA	0%
Victim Notified if Restitution Two Months in Arrears	NA	17%
Restitution Current	NA	NA
Officer Addressed Financial Delinquencies	80%	NA
Probation Supervision Fees (PSF) Current	33%	NA
SPS CR Hours		
Average Completed – 3-month review period	20%	22%
Officers Addressed Delinquent Hours	50%	59%
IPS CR Hours		
Average Completed – 3-month review period	70%	55%
Officers Addressed Delinquent Hours	100%	89%
CASE MANAGEMENT		
SPS Cases		
Residence Verification within 30 days of Sentencing/Release from Custody	85%	73%
Initial Employment Verification	9%	44%
OST Completed within 30 Days	90%	96%
FROST Completed 180 Days	36%	54%
Supervision Level Matches Assessment Scores	93%	96%
Initial Case Plan Completed within 60 Days	55%	60%
Case Plan Completed at 180 Days	41%	40%
PO Strategies for the Probationer and PO	81%	71%
Measurable Strategies for the Probationer and PO	64%	64%
Completed Case Plan for Minimum Supervision Level if Necessary	29%	0%
OST/FROST Highest Criminogenic Need Addressed in Case Plan	94%	87%
Case Plan Signatures	75%	89%
IPS Cases		
Photo in File	96%	100%
Verification of Employment within 10 Days	94%	60%
Unemployed & 6 days/week Job Search & CR	100%	57%
Verification of Residence within 72 Hours	93%	100%
Collection of Weekly Schedules	76%	100%
Initial Assessment (OST) within 30 Days or at PSI	100%	100%
Reassessment (FROST) Every 180 Days	91%	60%
Initial Case Plan	92%	75%
Case Plan Every 180 Days	90%	22%
PO Strategies for the Probationer and PO	86%	NA
Measurable Strategies for the Probationer and PO	32%	NA
Case Plan Signatures	89%	100%
OST/FROST Highest Criminogenic Need Addressed on Case Plan	92%	75%

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

COMPLIANCE SUMMARY COMPARISON		
	2017	2014
Incoming Interstate Cases		
Were the Arizona Conditions Signed	100%	100%
Is VCAF on Arizona Terms & Conditions	100%	67%
DNA Collected Within 30 Days	100%	75%
OST Within 30 Days of Arrival or Acceptance	60%	60%
Initial Case Plan Within 60 days of Arrival or Acceptance	100%	80%
Annual Progress Reports Completed	100%	100%
Sending State's Terms & Conditions in File	100%	100%
Interstate Tracking Screen Completed in APETS	100%	17%
ISC Status Accurate in APETS (Accepted, Closed, etc.)	100%	57%
Are VCAF Collections Current	80%	50%
If VCAF Collections Are Not Current, Has PO Addressed	0%	67%
Outgoing Interstate Cases		
ISC Status Accurate (Accepted, Closed, etc.)	91%	100%
Did probationer leave with valid reporting instructions	100%	100%
Did the PO respond to violation reports within 10 business days	100%	100%
Was DNA sample secured from the probationer and transmitted to DPS within 30 days of being placed on probation or acceptance of incoming	73%	95%
If it is not the probationer's 1st felony offense or if DNA was previously secured by another agency did the officer verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming	100%	95%
DNA screen completed in APETS	65%	NA
Was the Opted-in Victim notified of ISC and any other probation status issues	0%	50%
Closed Cases		
Warrant Check Before Termination	5%	18%
DNA collected	94%	90%
Court Ordered Treatment Completed	71%	90%
CR hours required by Statute completed by Closure	80%	71%
Opted-In Victim Notified of Closure	50%	33%
If Restitution Owed at Closure, Extended for Restitution	NA	100%
Other Financial Terms Owed at Closure	89%	77%
CRO Entered for Outstanding Financial Balances	87%	100%
TREATMENT SERVICES		
SPS Cases		
Treatment Referral within 60 Days	NA	93%
IPS Cases		
Treatment Referral within 60 Days	NA	92%
Transferred Youth Cases		
Attended treatment	NA	100%
Completed treatment	NA	0%
Is treatment reflective of best practices	NA	100%
IPS Level change based on compliance	NA	NA

**Gila County Adult Probation Department
Operational Review Final Report – April 2018**

COMPLIANCE SUMMARY COMPARISON		
	2017	2014
Probationer has GED/high school diploma	NA	0%
Enrolled in GED classes	NA	0%
Enrolled in school	NA	0%
Employed	NA	0%
SPS Drug Testing		
Frequency Described in Case Plan	48%	NA
Drug Tested as Described in Case Plan	67%	NA
IPS Drug Testing		
Frequency Described in Case Plan	45%	29%
Drug Tested as Described in Case Plan	100%	10%
DTEF Funded Cases		
Screened for AHCCCS	NA	50%
Client Services Screen in APETS Completed	NA	100%
Evaluation Completed (Instrument Approved by AOC)	NA	100%
Ability to Pay Form Completed and in File	NA	0%
Did mandatory A' and F's receive a referral for treatment/education	96%	NA
If OST/FROST Score was a minimum of 67% in drug domain was there a referral to treatment/education	100%	NA